

1 Old State Capitol Plaza • Springfield, IL 62701-1507 217/524-7080 • 217/558-1512 www.illinoismuseums.org / ilassnmus@yahoo.com

March, 2006

Dear Colleague,

The Illinois Association of Museums has begun preparation for the 2006 *Directory of Illinois Museums: Including Historical, Cultural, and Scientific Agencies.* In order to have a complete and accurate directory we need your help!

Please take just a few minutes to fill out the enclosed information form or pass it along to someone in your organization to complete. Listing in the directory is free AND you will receive a free copy of the directory for your use.

The directory is sent to all cultural institutions and museums in the state as well as all libraries and visitor bureaus. As an added perk of membership, <u>IAM members</u> are listed in bold with their logo. To take advantage of this benefit if you are not a member, include the <u>membership form</u> and dues when returning your directory information. When sending your logo please submit either a camera-ready, large (at least 2"), sharp graphic via mail or send via e-mail in <.tif> format at a minimum of 300 resolution. The directory is a valuable tool for institutions and for visitors. Please help the public find and enjoy your organization and help colleagues get in touch with you.

You may send the information via any of the following:

Mail

Karen E. Everingham Illinois Association of Museums 1 Old State Capitol Plaza Springfield, IL 62701

Fax 217/558-1512 or **E-mail** karen.everingham@illinois.gov Please return the enclosed form to me by **May 15, 2006**. If you have more than one location / facility please fill out separate sheets for each(feel free to copy the form as you need). Thank you for your valuable time and for the service and education you provide.

Sincerely,

Karen E. Everingham Program Coordinator 217/524-6977

Illinois Association of Museums

Directory of Illinois Museums including Historical, Cultural, and Scientific Agencies

PLEASE TYPE OR PRINT LEGIBLY AND FILL OUT A SEPARATE FORM FOR EACH SITE. (COPY AS NEEDED)

Name of Agency or Institution:				
Mailing Address:				
City, Zip Code:			Count	y:
Days/Hours Open:				
Admission/Suggested Donation:\$				
Brief description of collections, programs, and services:				
) Fax Number: ()			
Museum Type (Please check what best describes your facility. If you do not have a collection leave this blank)				
□ Aquarium	☐ Arboretum/ Botanical Garden	□ Art	☐ Children's	☐ General (two or more disciplines)
☐ Historic House	☐ History	☐ Library	☐ Natural History	☐ Nature Center
☐ Planetarium	☐ Science	☐ Specialized	☐ University/ College	□ Zoo

Please fold on the lines on the other side and tape shut for easy mailing.

Illinois Association of Museums
1 Old State Capitol Plaza

Springfield, IL 62701-1507

Karen E. Everingham, Program Coordinator Illinois Association of Museums 1 Old State Capitol Plaza Springfield, IL 62701-1507
